WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

REINSTATEMENT APPLICATION

101 Dee Drive, Suite 102, Charleston, WV 25311
304-558-3596 OR 1-877-743-6877 VOICE MAIL SYSTEM
Web: www.wvrnboard.com E-mail: rnboard@wv.gov

Name_____ License Number (if known) _____

Address _____ SSN: ___ - ___ - ____
City State Zip

If you have an APRN license and/or Limited Prescriptive Authority you must complete a *separate* reinstatement application for those in addition to the reinstatement of the RN license.

READ EACH QUESTION CAREFULLY: CIRCLE CORRECT RESPONSE

1. A. **REINSTATEMENT FEE = $115.00 FROM LAPSED** _____ **$25.00 FROM INACTIVE** _____
   B. **Reinstatement with Name Change** = $125.00 and requires a certified copy of the legal document changing your name or a signed and notarized affidavit. The affidavit is on the web site at www.wvrnboard.com

2. Marital Status: (S) - Single (M) - Married (W) - Widowed (D) - Divorced

YES* answers for 3 - 12 require additional information: an explanation and certified copies of court related documents and/or the appropriate regulatory board. Contact the Board office to speak with someone in the discipline department.

3. Have you EVER been convicted of a felony or a misdemeanor or pled nolo contendere to any crime? Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported.	Yes*	No
4. Have you ever or are you currently serving in a branch of the military? If so which branch _____.	Yes	No
A. Have you ever been discharged from a branch of the military with anything other than an honorable discharge?	Yes**	No
YES** If yes send explanation and DD214.		
5. Do you have any criminal charges currently pending in any state, territory or country?	Yes*	No
6. Has a complaint ever been filed against your RN license in West Virginia, or any other state, territory or country?	Yes*	No
7. Has a complaint ever been filed against ANY professional or occupational license in this state, or any other state, territory or country?	Yes*	No
8. Has your nursing practice ever been disciplined or monitored for any reason including monetary fines, continuing education, etc., by any facility, board or group?	Yes*	No
9. Have you ever or are you currently using illegal drugs?	Yes*	No
10. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?	Yes*	No
11. Do you currently posses any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing?	Yes***	No
YES*** Attach a letter of explanation. Additional information may be requested if necessary.		
12. Do you have a court ordered child support obligation?	Yes	No
A. Does the amount of any unpaid obligation equal or exceed the amount of child support payable for six (6) months?	Yes	No
B. Are you currently the subject of a child-support subpoena or warrant?	Yes	No

13. Do you own all or part of a business that operates within West Virginia? Yes*** No

***If yes, please enter the FEIN number of your business _____

WV2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment or workers compensation laws, or both laws of the state.

14. I have _____, have not _____, been working as a registered professional nurse in the State of West Virginia since my license lapsed, or was placed on the inactive list.

15. Please circle all degrees held:

A. Diploma-Hospital School of Nursing
B. Associate Degree
C. Baccalaureate in Nursing
D. Baccalaureate in Other Field
E. Masters in Nursing
F. Masters in Other Field
G. Nursing Doctorate: PhD, DNS, DNP
H. Doctorate: Field _____ Degree _____

16. Are you currently employed?

A. **YES**, **FULL TIME IN NURSING**
B. **YES**, **PART TIME IN NURSING**
C. **YES, other** than nursing (circle one) If YES, are you seeking employment in nursing? Yes No
D. **NO** (circle one below)

a. Retired
b. Home Responsibilities
c. Salary Inadequate
d. Seeking employment in nursing
e. No job available
f. Disabled
g. Not seeking employment
h. Other

IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION:

Employer: _____ Name

_____
Address City State Zip

County of Employment: _____ State of Employment: _____

Number of **hours** Worked **per week**: _____ Number of **weeks** worked **per year**: _____

FIELD OF EMPLOYMENT:

A. HOSPITAL
B. NURSING HOME/EXTD. CARE
C. SCHOOL OF NURSING
D. PRIV. PRACTICE/SELF EMPLOYED
E. COMMUNITY/PUBLIC HEALTH AGENCY
F. CLINIC/AMBULATORY CARE
G. HOME HEALTH AGENCY
H. SCHOOL/COLLEGE HEALTH
I. INDUSTRIAL/BUSINESS
J. OFFICE
K. TEMP. AGENCY/NURSING POOL
L. MILITARY INSTALLATION
M. OTHER: SPECIFY _____

TYPE OF POSITION:

A. ADMINISTRATOR/DON
B. CONSULTANT
C. SUPERVISOR/ASSISTANT
D. FACULTY/EDUCATOR
E. RESEARCHER
F. HEAD NURSE/ASSISTANT
G. SCHOOL NURSE
H. IN SERVICE/STAFF DEVELOPMENT
I. QLTY. ASSURANCE/RISK MGNT
J. GENERAL DUTY/STAFF
K. OFFICE NURSE
L. OTHER: SPECIFY _____

MAJOR CLINICAL TEACHING OR PRACTICE AREA:

A. ANESTHESIA
B. COMMUNITY/PUBLIC HEALTH
C. EMERGENCY CARE
D. GENERAL PRACTICE
E. GERIATRIC
F. HOME HEALTH
G. INTENSIVE /CRITICAL CARE
H. IV THERAPY
I. MEDICAL SURGICAL
J. NEONATOLOGY
K. OBSTETRICS/GYNECOLOGY
L. ONCOLOGY
M. OPERATING/POST-ANESTHESIA RECOVERY
N. PEDIATRIC
O. PSYCHIATRIC/MENTAL HLTH/SUBSTANCE ABUSE
P. REHABILITATION
Q. OTHER: _____

CERTIFICATION STATEMENT: By signing this application **I hereby certify** that the information provided on this application is complete and true and that I have met one of the continuing education requirements below on or before submitting this application. (Check the appropriate box): Keep your CE certificates in a safe place so you may provide them if you are audited.

☐ I was initially licensed in WV **before** November 1, 2012 and have satisfactorily completed twelve (12) required hours of CE including mandatory 3 hours related to Substance Abuse in accordance with Senate Bill 437 requirements; **or**

☐ I was initially licensed in WV **on or after** November 1, 2012 and have satisfactorily completed the mandatory 3 hours related to Substance Abuse in accordance with Senate Bill 437 requirements; **or**

☐ I was initially licensed in WV **before** November 1, 2012 and have satisfactorily completed twelve (12) required hours of CE and am **EXEMPT** from the mandatory 3 hours related to Substance Abuse in accordance with Senate Bill 437 requirements as I do not administer, dispense or prescribe controlled substances.

☐ I was initially licensed in WV **on or after** November 1, 2012 and am **EXEMPT** from the mandatory 3 hours related to Substance Abuse in accordance with Senate Bill 437 requirements as I do not administer, dispense or prescribe controlled substances.

I understand that supplying false information is a violation of WV Code §30-7-1 et seq. and subjects me to the full range of disciplinary action described therein. If I work or represent myself as an RN while my license is lapsed, I am subject to fines, administrative costs and disciplinary action, as defined in WV Code §30-7-1 et seq., and related laws and rules.

Your Daytime Phone Number ( ) _____ Home Phone Number: ( ) _____

E-Mail Address: _____

LICENSEE SIGNATURE: _____ DATE: _____

REQUIRED

(3.11.14)